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By:

Kristi Cope

PATENT
Attorney Docket No.: 019496-005820US
Client Ref. No.: S24-US3

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FEB 24 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

REBAR et al.

Application No.: 09/846,033

Filed: April 30, 2001

For: REGULATION OF
ANGIOGENESIS WITH ZINC FINGER
PROTEINS

Customer No.: 20350

Confirmation No. 4301

Examiner: Jegatheesan Seharaseyon

Technology Center/Art Unit: 1647

AMENDMENT

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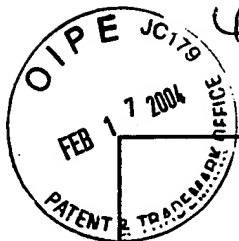
Sir:

In response to the Office Action mailed November 12, 2003, please enter the following amendments and remarks:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 6 of this paper.



TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/846,033
		Filing Date	April 30, 2001
		First Named Inventor	Rebar, Edward
		Art Unit	1647
		Examiner Name	Jegatheesan Seharaseyon
Total Number of Pages in This Submission	37	Attorney Docket Number	019496-005820US

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ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copy of Information Disclosure Statement filed 3/11/02 Return Postcard
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Townsend and Townsend and Crew LLP Joe Liebeschuetz Reg. No. 37,505
Signature	
Date	February 12, 2004

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Typed or printed name	Kristi Coplin		
Signature		Date	February 12, 2004



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Please stamp the date of receipt of the following document(s)
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RE: Rebar et al.
TITLE OF DOCUMENT(S):
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Information Disclosure Statement
PTO/SB/08A and /08B
313 Reference Copies
Fee Authorization (IDS page 2)
Application No. 09/846,033
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